

AR-3Q-TEX

State of Arkansas

Annual Reconciliation of Texarkana Employee's Exempt Wages

Tax Year _____

Name of Business _____

Address _____

City _____ State _____ Zip _____

Employer Identification Number _____

Total Number AR-TX Forms Issued _____ Total Exempt Wages \$ _____

I declare under penalties of perjury that this return has been examined by me and to the best of my knowledge and belief is a true, correct, and complete return.

Date _____ Signature _____ Title _____

Mail to: Individual Income Tax - Withholding Branch
P. O. Box 9941
Little Rock, AR 72203

(Rev 05/00)

(Fold this form in half and place on top of the state copies of the Form AR-TX.)

INSTRUCTIONS FOR EMPLOYER FOR FORMS AR-TX AND AR-3Q-TEX

FORM AR-TX

Prepare four (4) copies of form AR-TX for each employee covered by Arkansas Acts 48 and 177 of 1977.

Fill in the upper left portion with the employer's identification number, name, address, and zip code.

The employee's portion should show name, physical address (do not use P.O. Box or Route Number), and the social security number of the employee.

Lines one (1) and two (2) should be completed with applicable information.

Line three (3) should show the amount of wages exempt from Arkansas income tax.

Give the employee two copies. Submit one copy of each with AR-3Q-TEX and retain one for employer's file.

FORM AR-3Q-TEX

Prepare Form AR-3Q-TEX in duplicate.

The wages exempt from Arkansas income tax will be the total of the amounts shown as exempt on Form AR-TX.

Send the original copy of this form with one copy of each AR-TX issued to:

Individual Income Tax - Withholding Branch
P. O. Box 9941
Little Rock, Arkansas 72203